

EXHIBIT 49

PLEASE TYPEWRITE OR PRINT (BLACK INK) DO NOT ERASE, STRIKE OUT, OR CROSS OVER.

**Massachusetts Registry of Motor Vehicles
RMV-1 Application Form (617) 351-4500**

http://www.massrmv.com

1. Reg Eff Date

2. Reg Exp Date

3. Number of Documents ☐ RO (Registration Only)☐ RX (Registration Transfer)☐ ST (Salvage Title)☐ RT (Registration & Title)☐ TAR (Title Add Registration)☐ TO (Title Only)☐ SW (Summer/Winter Swap)4. ☐ Address Change**Registration/Vehicle Information**

5. Plate Type

6. Registration Number

7. Previous Title #

8. State

9. Type of Registration:

☐ Passenger ☐ Bus ☐ Taxi ☐ Livery ☐ Commercial☐ Trailer ☐ Auto Home ☐ Semi-Trailer ☐ Motorcycle ☐ Other

10. Vehicle Identification Number:

1 H D 1 B T Y 1 X 3 Y 0 9 1 5 6 8

11. Year 2003 12. Make HD 13. Model Name FXSTB 14. Model # T 15. Body Style MC 16. Circle Color (s) of Vehicle 0-Orange 1-Black 2-Blue 3-Brown 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple 17. # of Cylinders/Passengers/Doors 2 12 0

8. Transmission

☐ Automatic☐ Manual

19. Total Gross Weight (Laden)

20. Motor Power

☐ Gasoline ☐ Diesel☐ Electric ☐ Other21. Bus: ☐ Regular ☐ DPU ☐ Livery ☐ Taxi ☐ School Pupil

If carrying passengers for hire, max no of passengers that can be seated: _____

If school bus, is it used exclusively for city, town, or school district? ☐ Yes ☐ No**Owner Information**

22. Owner 1 License #/State

S42407157

MA

23. Owner 2 License #/State

5. Owner 1 Name (Last, First, Middle)
DESALVO, SCOTT A

26. Owner 1 Date of Birth

8/30/1964

7. Owner 2 Name (Last, First, Middle)

28. Owner 2 Date of Birth

30. City/Town Where Vehicle is Principally Garaged:

1. Mailing Address

715 LYNNFIELD STREET

City

LYNN

State

MA

Zip Code

01904

2. Residential Address

City

State

Zip Code

3. For Leased Vehicles include License Number, Date of Birth and State or EIN/FID Number and Name of Lessee

4. For Leased Vehicles, Include Address, City, State, and Zip Code of Lessee

Signatures

I/WE THE APPLICANTS HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THERE ARE NO OUTSTANDING EXCISE TAX LIABILITIES ON THE VEHICLE DESCRIBED ABOVE THAT HAVE BEEN INCURRED BY THE APPLICANT(S), ANY MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY WHO IS A MEMBER OF THE APPLICANT'S HOUSEHOLD OR THE BUSINESS PARTNER OF THE APPLICANT(S). THE UNDERSIGNED HEREBY FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.

i. Signature of Owner From Block 25 of 29. Also Print Name If Different

ii. Signature of 2nd Owner From Block 27. Also Print Name If Different

Authorized Dealer's Signature

38. Dealer Reg No.

i. Seller's Name (Please Print)

CYCLE CRAFT COMPANY INC

ii. Seller's Address

1760 REVERE BEACH PKWY (RT 16) EVERETT MA 02149

Insurance Certification

THE COMPANY SIGNATORY HERETO HEREBY CERTIFIES THAT IT HAS OR WILL INSURE OR GUARANTEE PERFORMANCE BY THE APPLICANT HEREBY NAMED WITH RESPECT TO THE MOTOR VEHICLE HEREBY DESCRIBED FOR A PERIOD AT LEAST COTERMINOUS WITH THAT OF SUCH REGISTRATION UNDER A MOTOR VEHICLE LIABILITY POLICY, BINDER OR BOND WHICH CONFORMS TO THE PROVISIONS OF GENERAL LAWS, CHAPTER 175, SECTION 113A, AND THAT THE PREMIUM CHARGE AND CLASSIFICATION ON THE EFFECTIVE DATE OF REGISTRATION ARE AS ESTABLISHED BY THE COMMISSIONER OF INSURANCE UNDER CHAPTER 175, SECTION 113B, 113H AND CHAPTER 175E.

41A. Policy Effective Date: _____

Policy Change Date: _____

41B. Manual Class: 41C. Ins. Company & Code:

Insurance Co's Authorized Representative's Signature

Title Data

42. Date of Purchase

8/18/2003

43. Odometer Reading

10

4. ☐ New Vehicle ☐ Used Vehicle If new vehicle, certificate of origin must be submitted5. Title Type: ☐ Clear ☐ Salvage ☐ Reconstruct ☐ Owner Retained ☐ Theft ☐ Prior Owner Retained

6. Primary Salvage Title Brands:

47. Secondary Salvage Brand

☐ Repairable ☐ Parts Only**Lienholder Information**

48. Date of 1st Lien

5/13/2003

49. Date of 2nd Lien

We certify that all liens on this vehicle are listed below

50. First Lienholder Code

51. Name

EAGLEMARK SAVINGS BANK

2. Lien Address

4150 TECHNOLOGY WAY

CARSON CITY

NV

89706

3. Second Lienholder Code

54. Name

55. Lien Address

Sales or Use Tax Schedule**Fee Information****C - C 02628
CONFIDENTIAL**

ORIGINAL